Wisconsin Department of Regulation & Licensing

Mail To: **P.O. Box 8935**
Madison, WI 53708-8935
1400 E. Washington Avenue
Madison, WI 53703
FAX #: (608) 261-7083
Phone #: **(608) 266-2112**
E-Mail: web@drl.state.wi.us
Website: http://drl.wi.gov

HEARING AND SPEECH EXAMINING BOARD

APPLICATION FOR LICENSURE TO PRACTICE SPEECH-LANGUAGE PATHOLOGY

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK

☐ Your name and address are available to the public.
Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.)

Last Name	First Name	MI	Former / Maiden Name(s)

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth

_____ _____ _____
month day year

Daytime Telephone Number

( ) _____ - _____

Ethnic/gender status information is optional.

Sex: ☐ M ☐ F

Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

Have you ever held a license/credential in the state of Wisconsin? _____Yes _____No (please indicate)
If yes, provide your Wisconsin license/credential number. _____

School Name: _____

School Address: _____
(City) (State)

Date Diploma Granted: _____
month/day/year

Degree: _____ **Specialty:**_____

APPLICATION FEES: Please check applicable blanks:
(Make check payable to Department of Regulation and Licensing and attach to application).

____ Request for Permanent License
$53.00 Fee Attached

____ **TEMPORARY LICENSE**
$10.00 *Is required in addition to the above fee (non-refundable)*

For Receipting Use Only

Committed to Equal Opportunity in Employment and Licensing

Wisconsin Department of Regulation & Licensing

APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

Fee(s) attached to this application.

Copy of professional diploma and translation if necessary.

Certificate of Professional Education (Form #1984).

Copies of malpractice suit(s).

Letters from all State Boards where licensed (includes active and inactive licenses).

Verification of certification from the American Speech-Language Hearing Association (Form #1976).

IS NAME ON ALL CREDENTIALS THE SAME? IF NOT, SUBMIT CERTIFIED COPY OF MARRIAGE CERTIFICATE, DIVORCE DECREE, ETC.

PRACTICE: Account for all activities and practice from date of graduation to the present time. **Must include professional and nonprofessional activities. ALL time and dates must be accounted for.**

	EMPLOYER/ INSTITUTION/ ACTIVITY	LOCATION	DATES (from - to) mo/yr	# OF HOURS PER WEEK	JOB TITLE & DUTIES
1.					
2.					
3.					
4.					

☐ **I AM CREDENTIALED IN THE FOLLOWING STATES (UNLIMITED) (Include active and inactive credentials):**

_____

_____

☐ **I AM NOT CREDENTIALED IN ANY OTHER STATE(S)**

YOU ARE REQUIRED TO HAVE EACH STATE BOARD IN WHICH YOU HAVE EVER BEEN CREDENTIALED SUBMIT LETTERS OF VERIFICATION TO THE WISCONSIN HEARING AND SPEECH EXAMINING BOARD. THE LETTERS MUST INDICATE YOUR DATE OF BIRTH, CREDENTIAL NUMBER, DATE OF ISSUANCE, AND A STATEMENT REGARDING DISCIPLINARY ACTIONS. THESE LETTERS WILL BE REQUIRED IN ORDER TO COMPLETE YOUR APPLICATION FOR LICENSURE.

PLEASE CHECK ONE FOR TEMPORARY LICENSURE:

_____ I plan to take the next National Certifying Examination on _____
mo/day/yr

_____ I have taken and am awaiting the results of the National Certifying Examination.

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ANSWER THE FOLLOWING QUESTIONS: (Attach additional sheets if necessary)

		YES	NO
1.	Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	❑	❑
2.	Have you ever failed to pass any state board examination, national board examination, or NESPA examination? If yes, give details on an attached sheet.	❑	❑
3.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation, revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	❑	❑
4.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	❑	❑
5.	Do you have any felony or misdemeanor charges pending against you? If yes, attach a sheet providing details about the pending charge, copy of the court documents and status of the charge. (Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges.)	❑	❑
6.	Have you ever been convicted of a misdemeanor or a felony? If yes, attach a sheet providing details about the crime, including date of conviction, penalty and a copy of the court documents. (Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges.)	❑	❑
7.	Are you incarcerated, on probation or on parole for any conviction. If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	❑	❑
8.	Have any suits or claims ever been filed against you as a result of professional service? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition.	❑	❑
9.	Have your hospital privileges ever been lifted or removed? If yes, give details on an attached sheet.	❑	❑
10.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what states(s)	❑	❑
11.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under.	❑	❑
12.	Has the Drug Enforcement Administration ever withdrawn your DEA number or warned you, or have you been denied a DEA number? If yes, give details on an attached sheet.	❑	❑

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AFFIDAVIT OF APPLICANT
(Sign and date <u>in the presence of</u> a notary)

I state that I am the person referred to on this application and that all the answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential. I also understand that if I am issued a credential, failure to comply with the laws or rules of either the Hearing and Speech Examining Board or the Wisconsin Department of Regulation and Licensing will be cause for disciplinary action.

_____
Signature of Applicant

State of _____ County of _____

Subscribed and sworn to before this _____ day of

_____, 20_____, by _____
(Applicant name)

_____
Signature of Notary Public

S E A L

_____
Date Commission Expires

Wisconsin Department of Regulation & Licensing

SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.[1] A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

_____

First Name Middle Initial Last Name

_____

Profession

Date of Birth _____ _____ _____

month day year

☐☐☐ - ☐☐ - ☐☐☐☐

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,[2] to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,[3] and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.[4]

[1] Section 440.03 (11m), Wis. Stats.

[2] Sections 49.22, and 440.13, Wis. Stats.

[3] Section 440.12, Wis. Stats.

[4] Health Insurance Portability and Accountability Act (HIPAA) of 1996

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.